

2004

PLACE

ARIZONA

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

File No. 1054

Registered No. \_\_\_\_\_  
Arizona \_\_\_\_\_

County Gila State Arizona  
Township \_\_\_\_\_ or Village P.O. Box 1031 Miami, Ariz  
City Miami No. \_\_\_\_\_ St. Miami Ave. Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Francisco Ramirez (If child is not yet named, make supplemental report, as directed)

1 If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? yes 8. Date of birth Oct 10, 1916 (Month, day, year)  
5. Number, in order of birth \_\_\_\_\_ Full term \_\_\_\_\_

FATHER		MOTHER	
18. Full maiden name <u>Juan Ramirez</u>	18. Full maiden name <u>Maria Refugio Ramirez</u>	19. Residence (usual place of abode) <u>Miami, Ariz</u>	19. Residence (usual place of abode) <u>Miami, Ariz</u>
20. Color or race <u>Mex</u>	20. Color or race <u>Mex</u>	21. Age at last birthday <u>27</u> (Years)	21. Age at last birthday <u>27</u> (Years)
22. Birthplace (city or place) <u>Jalisco</u> (State or country) <u>Mexico</u>	22. Birthplace (city or place) <u>Jalisco</u> (State or country) <u>Mex</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Miner</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House wife</u>
24. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	25. Date (month and year) last engaged in this work _____	25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____	17. Total time (years) spent in this work _____	26. Total time (years) spent in this work _____	26. Total time (years) spent in this work _____

Number of children of this mother 7 (a) Born alive and now living 4 (b) Born alive but now dead 3 (c) Stillborn \_\_\_\_\_

Stillborn, period of gestation \_\_\_\_\_ months or weeks 29. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at \_\_\_\_\_ m. on the date above stated (Born alive or stillborn)

If there was no attending physician or midwife, then the father, householder, should make this return.

Name added from \_\_\_\_\_ (Date of) \_\_\_\_\_

699-1010-499 Registrar.

DM 2-33 MS-1071  
Sent soon before  
8-day of Dec 1933

(Signed) Juan Ramirez M.D.  
or father Midwife

Address Dec 28, 1933 C. M. Cronin, Jr.  
Filed \_\_\_\_\_ Registrar.

H. B. Williams  
Justice of the Peace, Miami, Ariz